



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

S U I C I D E
P R E V E N T I O N
I S E V E R Y O N E ' S
B U S I N E S S

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Docket 18-336
Implementation of the National Suicide Hotline Improvement Act of 2018
Docket 92-105
The Use of N11 codes and other abbreviated dialing arrangements

Dear Commissioners:

The American Association of Suicidology (AAS), is the first and largest crisis center accreditation body. We're proud to represent thousands of members in hundreds of member organizations across the country and world, and we strongly recommends the implementation of a 3-digit telephone code for a suicide prevention and behavioral health crisis line, with the following features:

1. A client-centric, population-based funding model in place to ensure that high-quality crisis services have sustainable funding for 24/7/365 availability and call volume surges.
2. In exchange for the increased investment made by the public, we expect to be a proud partner in developing the collection of, at minimum, the following quality control metrics resulting in a fully accountable outcomes-based, person-centered future:
 - a. Medical care coordination
 - b. Behavioral health and medical follow-up contacts
 - c. Opt-in, continuously passive monitoring for the those at risk for suicide crises
3. A data repository in a public/private non-profit partnership similar to Poison Control. AAS would be a proud collaborator in developing the next generation of crisis intervention, including the building of that system.
4. Crisis centers answering the 3-digit crisis telephone number, must adhere to evidence-based policies, protocols, and staff/volunteer training like those that meet the minimum of AAS's crisis center accreditation.
5. The public has a minimal expectation for crisis services to evolve beyond the analog system currently in service, to include revolutionary digital technologies focused on security, privacy, and reliability. These features must be included in future iterations of national crisis intervention and suicide prevention infrastructure.

AAS's history is intrinsically tied to crisis work, seeing as our founder, Ed Shneidman, launched the Los Angeles Suicide Prevention Center (LASPC), in 1958. It was the first center of its kind to provide suicide crisis, intervention and follow-up services. The foundation of our organization is

built on crisis centers who answer suicide prevention hotlines. These have been independent crisis centers, those inside larger health systems, those that rely on staff, and those that rely solely on volunteers. These crisis centers answer suicide prevention hotlines, locally, regionally, and nationally through the National Suicide Prevention Lifeline. AAS accredited centers train their staff and volunteers in leading-edge, evidence-based protocols to make sure they're providing their consumers with the most up-to-date, life-saving services.

AAS's accreditation ensures these crisis centers adhere to high-level standards of operation protocols and procedures, highlight accountability, accuracy, and outcomes that save lives. We know and understand the importance of the services crisis centers provide. However, increasing access to their services must absolutely be paired with additional population-based funding structures.

Sincerely,

Colleen Creighton

Colleen Creighton

Executive Director

ccreighton@suicidology.org

Anthony D. Wood

Anthony D. Wood

Board Chair

tony@qntfy.com